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UTILITY PATENT APPLICATION TRANSMITTAL <small>(Only for new nonprovisional applications under 37 CFR 1.53(b))</small>		Attorney Docket No. 2406-4 First Inventor or Application Identifier: Shosaku KAWAI Title: NETWORK COMMUNICATION SYSTEM Express Mail Label No.
APPLICATION ELEMENTS <i>See MPEP chapter 600 concerning utility patent application contents.</i>		ADDRESS TO: Assistant Commissioner for Patents Box Patent Application Washington, DC 20231
1. <input type="checkbox"/> Fee Transmittal Form (e.g., PTO/SB/17) <i>(Submit an original, and a duplicate for fee processing)</i> 2. <input checked="" type="checkbox"/> Specification Total Pages [52] (preferred arrangement set forth below) - Descriptive title of the Invention - Cross References to Related Applications - Statement Regarding Fed sponsored R & D - Reference to Microfiche Appendix - Background of the Invention - Brief Summary of the Invention - Brief Description of the Drawings (<i>if filed</i>) - Detailed Description - Claim(s) - Abstract of the Disclosure 3. <input checked="" type="checkbox"/> Drawing(s) (35 USC 113) Total Sheets [33] 4. <input type="checkbox"/> Oath or Declaration Total Pages [] a. <input type="checkbox"/> Newly executed (original or copy) b. <input type="checkbox"/> Copy from a prior application (37 CFR 1.63(d)) <i>(for continuation/divisional with Box 17 completed)</i> [Note Box 5 below] i. <input type="checkbox"/> DELETION OF INVENTOR(S) Signed statement attached deleting inventor(s) named in the prior application, see 37 CFR 1.63(d)(2) and 1.33(b). 5. <input type="checkbox"/> Incorporation By Reference (<i>useable if Box 4b is checked</i>) The entire disclosure of the prior application, from which a copy of the oath or declaration is supplied under Box 4b, is considered to be part of the disclosure of the accompanying application and is hereby incorporated by reference therein.		6. <input type="checkbox"/> Microfiche Computer Program (<i>Appendix</i>) 7. Nucleotide and/or Amino Acid Sequence Submission <i>(if applicable, all necessary)</i> a. <input type="checkbox"/> Computer Readable Copy b. <input type="checkbox"/> Paper Copy (identical to computer copy) c. <input type="checkbox"/> Statement verifying identity of above copies
ACCOMPANYING APPLICATION PARTS		
8. <input type="checkbox"/> Assignment Papers (cover sheet & document(s)) 9. <input type="checkbox"/> 37 CFR 3.73(b) Statement [] Power of Attorney (when there is an assignee) 10. <input type="checkbox"/> English Translation Document (<i>if applicable</i>) 11. <input type="checkbox"/> Information Disclosure Statement [] Copies of IDS (IDS)/PTO-1449 12. <input type="checkbox"/> Preliminary Amendment 13. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503) <i>(Should be specifically itemized)</i> 14. <input type="checkbox"/> *Small Entity [] Statement filed in prior application, Statement(s) Status still proper and desired (PTO/SB/09-12) 15. <input type="checkbox"/> Certified Copy of Priority Document(s) <i>(if foreign priority is claimed)</i> 16. <input type="checkbox"/> Other: <i>*A new statement is required to be entitled to pay small entity fees, except where one has been filed in a prior application and is being relied upon.</i>		
17. If a CONTINUING APPLICATION , check appropriate box, and supply the requisite information below and in a preliminary amendment: <input type="checkbox"/> Continuation <input type="checkbox"/> Divisional <input type="checkbox"/> Continuation-in-part (CIP) of prior application No. _____ Prior application information: Examiner: _____ Group/Art Unit: _____		
18. CORRESPONDENCE ADDRESS		
<input checked="" type="checkbox"/> Customer Number or Bar Code Label		Customer No. 22204 (Insert Customer No. or Attach bar code label here)
or <input checked="" type="checkbox"/> Correspondence address below		
Name: Donald R. Studebaker Firm: SIXBEY, FRIEDMAN, LEEDOM & FERGUSON, P.C. Address: 8180 Greensboro Drive, Suite 800 City: McLean State: VA Zip Code: 22102 Country: U.S.A. Telephone (703) 790-9110 FAX (703) 883-0370		
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Signature Date: January 19, 2000		

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